

PROJECT 10073 RECORD CARD

1. DATE Oct 63		2. LOCATION Milwaukee, Wisconsin		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
3. DATE-TIME GROUP Local <u>Wed 1920 CST</u> GMT _____		4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar			
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. SOURCE civilian			
7. LENGTH OF OBSERVATION 5 seconds		8. NUMBER OF OBJECTS multiple		9. COURSE NW	
10. BRIEF SUMMARY OF SIGHTING 3 bright white objects changed position. 5 second observation. Appeared to rise.				11. COMMENTS Objects sighted in Oct 63, reported to AF in May 64 as following Socorro sighting. Insufficient data. Report contains conflicting information also.	

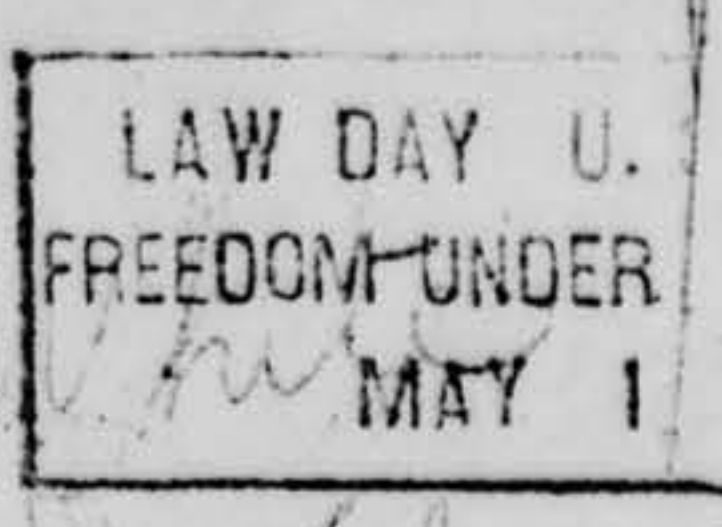
34. Date you completed this questionnaire:

5
Day

MAY
Month

1964
Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.



Staff
Department of The Air Force
Washington D.C.
CCS-4E-429

MAY 1 10 37 AM '64
VICE CHIEF OF STAFF
EXECUTIVE SECRET

724701GOMC

Dear Sir

~~REDACTED~~
24415 S. 14TH
MILWAUKEE
53215

Would you send me
your questionnaire on UFO's
I saw a flying saucer and
would like to report it
It is Form no 164

A. T. I. C.

yours Truly

M. ~~REDACTED~~

24415 S. 14TH
MILWAUKEE
53215

OCT 63

M1714

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

WEDS OCT 1963
Day Month Year

2. Time of day:

Hour

Minutes

(Circle One):

A.M.

or

(P.M.)

3. Time Zone:

(Circle One):

a. Eastern

b. Central

c. Mountain

d. Pacific

e. Other _____

(Circle One):

a. Daylight Saving

b. Standard

4. Where were you when you saw the object?

Nearest Postal Address

City or Town

State or County

IN THE CITY

5. How long was object in sight? (Total Duration)

Hours

Minutes

Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

I COUNTED THE SECONDS

5.2 Was object in sight continuously?

Yes _____

No ✓

6. What was the condition of the sky?

DAY

a. Bright

b. Cloudy

NIGHT

a. Bright

b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One):

a. In front of you

b. In back of you

c. To your right

d. To your left

e. Overhead

f. Don't remember

FORM

FTD OCT 62 164

This form supersedes FTD 164, Jul 61, which is obsolete.

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. (A few)
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. (No moonlight - pitch dark)
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. (Clear sky)
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. (Dry)
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. (As a light)
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. (Brighter)
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. (Sharply outlined)
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- | | | | |
|---|-------|------|------------|
| a. Appear to stand still at any time? | (Yes) | No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | (No) | Don't know |
| c. Break up into parts or explode? | Yes | No | Don't know |
| d. Give off smoke? | Yes | No | Don't know |
| e. Change brightness? | Yes | No | Don't know |
| f. Change shape? | Yes | No | Don't know |
| g. Flash or flicker? | Yes | No | Don't know |
| h. Disappear and reappear? | Yes | No | Don't know |

14. Did the object disappear while you were watching it? If so, how?

I have seen three of them. They were going very fast. They just went out of sight.

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes ☒ No ☐ Don't Know. IF you answered YES, then tell what it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes ☐ No ☒ Don't Know. IF you answered YES, then tell what in front of: *it appeared to go in front of*
stars

17. Tell in a few words the following things about the object:

a. Sound *no sound*

b. Color *very bright white*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

about all of it

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



I have so looked like this. All of a sudden it went off after it was in the air.

20. Do you think you can estimate the speed of the object?

(Circle One) ☒ Yes ☐ No

IF you answered YES, then what speed would you estimate? 5100

21. Do you think you can estimate how far away from you the object was?

(Circle One) ☐ Yes ☐ No

IF you answered YES, then how far away would you say it was? about 21000 FEET

22. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- b. In a car
- c. ☒ Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- b. ☒ In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) ☐ Yes ☐ No

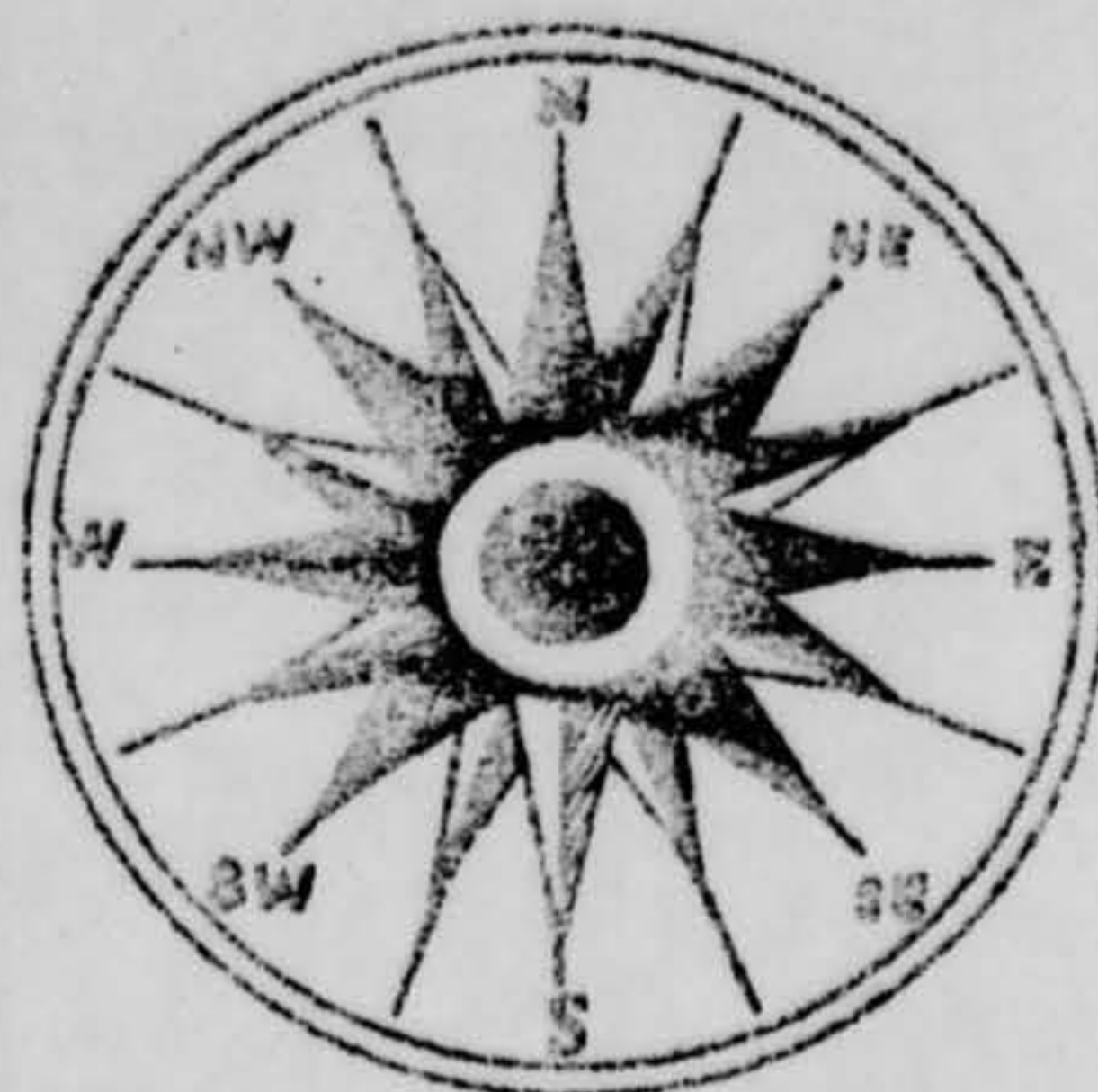
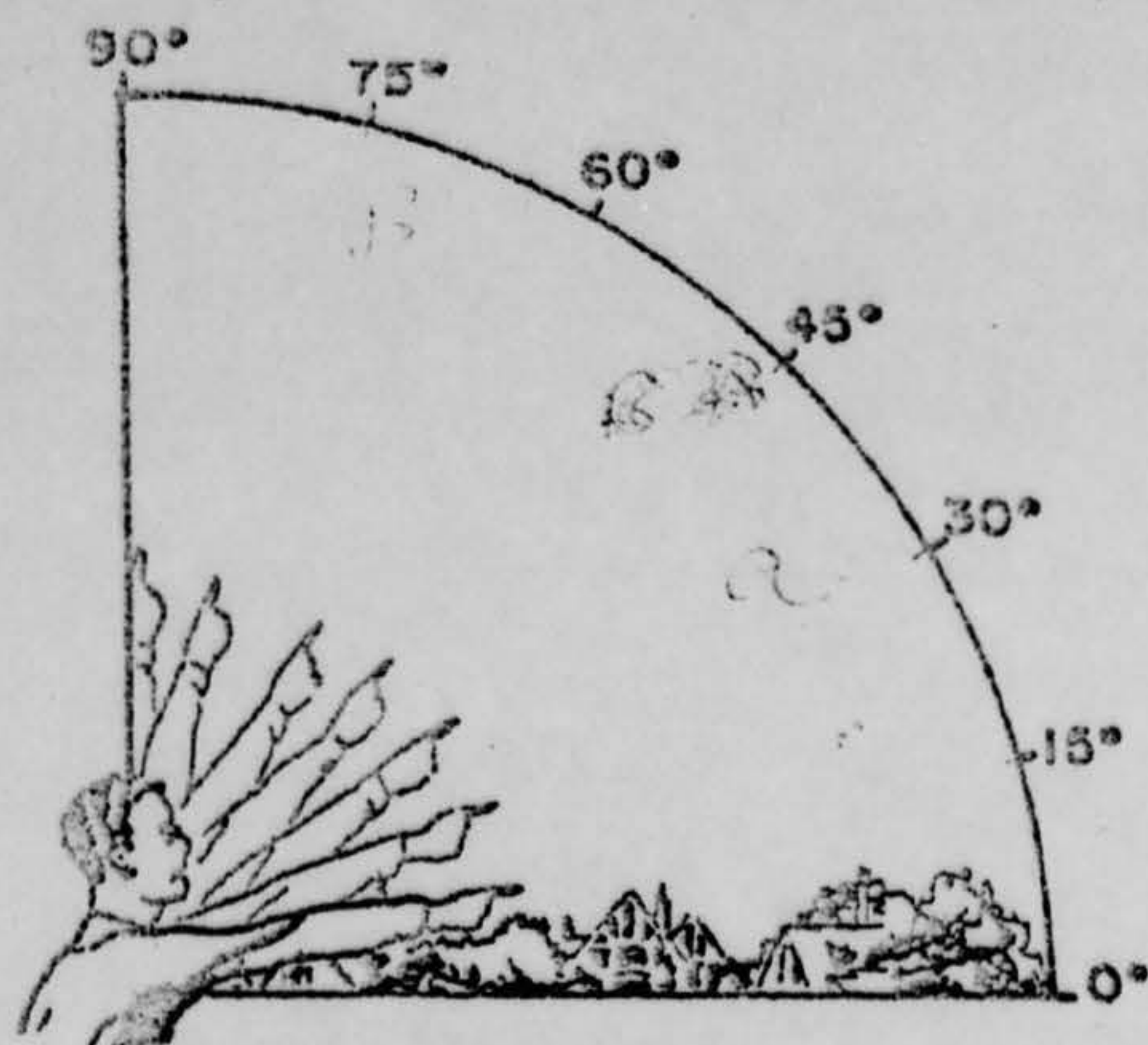
25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|-------------------------------------|----------------|-----|-------------------------------------|
| a. Eyeglasses | Yes | <input checked="" type="radio"/> No | e. Binoculars | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses | Yes | <input checked="" type="radio"/> No | f. Telescope | Yes | <input checked="" type="radio"/> No |
| c. Windshield | Yes | <input checked="" type="radio"/> No | g. Theodolite | Yes | <input checked="" type="radio"/> No |
| d. Window glass | Yes | <input checked="" type="radio"/> No | h. Other _____ | | |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

a ball about 100 ft in diameter
about 100 ft from the ship

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? Three
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



30. Have you ever seen this, or a similar object before. If so give date or dates and location.

1959 on a playground about 20 miles
 SE of Lufkin light blue ball about 10 inches in diameter

31. Was anyone else with you at the time you saw the object? (Circle One) (Yes) No

31.1 IF you answered YES, did they see the object too? (Circle One) (Yes) No

31.2 Please list their names and addresses: - my mother and brother

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Day

Month

Year